04-26-05

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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indicated unless corrected maintenance fee notification	below or directed otherwise	in Block 1, by (a) specifying a n	ew co	rrespondence address	; and/or (b) indicating a sep	arate "FEE ADDRE	SS" for	
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75	590 01/24/2005				papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
Vincent A. Cicho	nt A. Cichosz Certificate of Mailing or Transmission								
DELPHI TECHNOLOGIES, INC.					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
Legal Staff		addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.							
1450 West Long L Troy, MI 48098		ĺ	.5450			or's name)			
110y, W11 40070			200	6 1 10 10	<u> </u>	Signature)			
	77244	.5			4	-25-05	(Date)		
APPLICATION NO.	FILING DATE	FIRST NAME		VENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION	NO.	
10/042,867	01/09/2002	2 K		Kaius K. Polikarpus		DP-300218	9792		
TITLE OF INVENTION: CERAMIC PART HAVING AN INSULATING LAYER AFFIXE									
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE.	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400			\$300	\$1700	04/25/2005		
EXAM		ART UNIT		ASS-SUBCLASS	, şi700]	04/25/2005			
	1753			204-424000					
OLSEN, KAJ K							;		
1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (p	rint o	type)				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 4 04/27/2005 DEMMANU2 00000037 500831 10042867									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and S'						UNTRY)		1001	
DELPHI TECHNO	TR	TROY, MICHIGAN 01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA 03 FC:8001 6.00 DA							
Please check the annronriate	assignee category or category	ries (will not be pri	inted on the nate	nt) ·		orporation or other private gr		ernment	
4a. The following fee(s) are			. Payment of Fee	<u> </u>		orporation of differ private g.			
Issue Fee A check in the amount of the fee(s) is enclosed.									
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.									
Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).									
5. Change in Entity Status	(from status indicated above)							
a. Applicant claims S	MALL ENTITY status. See 3	37 CFR 1.27.	b. Applicant	is no	longer claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).		
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issuublication Fee (if required) words of the United States Pate	e Fee and Publicat vill not be accepted ont and Trademark	ion Fee (if any) I from anyone of Office.	or to r her th	e-apply any previous an the applicant; a reg	ly paid issue fee to the applic istered attorney or agent; or t	ation identified abov he assignee or other	e. party in	
Authorized Signature Suse Gush				Date 4-25-05					
Typed or printed name Susan Briskan					Registration No				
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